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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)



Declaration  
Submitted  
with Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

DII-02

First Named Inventor

Alan Duke

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EXCAVATION TOOTH INSTALLATION ASSEMBLY AND METHOD

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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# DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label  OR ☒ Correspondence address below

RALPH BAILEY, P.A.

Name

125 Broadus Avenue

Address

Greenville

South Carolina

29601

City

State

ZIP

United States

864/242-5454

864/242-3040

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name Alan

Duke

(first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

7/16/03

Inman

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U.S.A.

Residence: City

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South Carolina

29349

United States

City

State

ZIP

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Alan Duke
Title	EXCAVATION TOOTH
Art Unit	INSTALLATION ASSEMBLY AND METHOD
Examiner Name	
Attorney Docket Number	DI-02

I hereby appoint:

☐ Practitioners at Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
RALPH BAILEY, P.A.	17,322

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

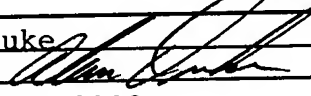
<input checked="" type="checkbox"/> Firm or Individual Name	RALPH BAILEY, P.A.				
Address	125 Broadus Avenue				
Address					
City	Greenville	State	SC	Zip	29601
Country	United States				
Telephone	(864) 242-5454	Fax	(864) 242-3040		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Alan Duke		
Signature			
Date	July 16, 2003	Telephone	864/472-7900

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

<b>VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) AND 1.27 (b)) - INDEPENDENT INVENTOR</b>			Docket No. <b>DII-02</b>
Serial No.	Filing Date	Patent No.	Issue Date
Applicant/ <b>Alan Duke</b> Patentee:			
Invention: <b>EXCAVATION TOOTH INSTALLATION ASSEMBLY AND METHOD</b>			
<p>As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled above and described in:</p> <p> <input checked="" type="checkbox"/> the specification to be filed herewith.  <input checked="" type="checkbox"/> the application identified above.  <input type="checkbox"/> the patent identified above.         </p> <p>I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).</p> <p>Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:</p> <p> <input checked="" type="checkbox"/> No such person, concern or organization exists.  <input type="checkbox"/> Each such person, concern or organization is listed below.         </p> <p><b>*NOTE:</b> Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)</p> <div style="margin-top: 10px;"> <p>FULL NAME _____</p> <p>ADDRESS _____</p> <p style="text-align: center;"> <input type="checkbox"/> Individual           <input type="checkbox"/> Small Business Concern           <input type="checkbox"/> Nonprofit Organization         </p> </div> <div style="margin-top: 10px;"> <p>FULL NAME _____</p> <p>ADDRESS _____</p> <p style="text-align: center;"> <input type="checkbox"/> Individual           <input type="checkbox"/> Small Business Concern           <input type="checkbox"/> Nonprofit Organization         </p> </div> <div style="margin-top: 10px;"> <p>FULL NAME _____</p> <p>ADDRESS _____</p> <p style="text-align: center;"> <input type="checkbox"/> Individual           <input type="checkbox"/> Small Business Concern           <input type="checkbox"/> Nonprofit Organization         </p> </div> <div style="margin-top: 10px;"> <p>FULL NAME _____</p> <p>ADDRESS _____</p> <p style="text-align: center;"> <input type="checkbox"/> Individual           <input type="checkbox"/> Small Business Concern           <input type="checkbox"/> Nonprofit Organization         </p> </div>			

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR Alan DukeSIGNATURE OF INVENTOR DATE: July 17, 2003

NAME OF INVENTOR

SIGNATURE OF INVENTOR

DATE:

NAME OF INVENTOR

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NAME OF INVENTOR

SIGNATURE OF INVENTOR

DATE:

NAME OF INVENTOR

SIGNATURE OF INVENTOR

DATE:

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**Applicant(s): **Alan Duke**

Docket No.

**DII-02**

Serial No.

Filing Date

Examiner

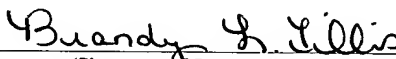
Group Art Unit

Invention: **EXCAVATION TOOTH INSTALLATION ASSEMBLY AND METHOD**

I hereby certify that the following correspondence:

**New Utility Patent Application with Informal Drawings, Declaration, Power of Attorney, Transmittals and Check***(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

**July 17, 2003***(Date)***Brandy L. Tillis***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***ET035787591US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**